

# RELEASE FORMS

## THE DOCUMENT ASSEMBLY LINE PROJECT

SUFFOLK UNIVERSITY LAW SCHOOL

- Joelle Ataya -  
- Kayla Gallagher – Michael Carroll -

# COVID-19

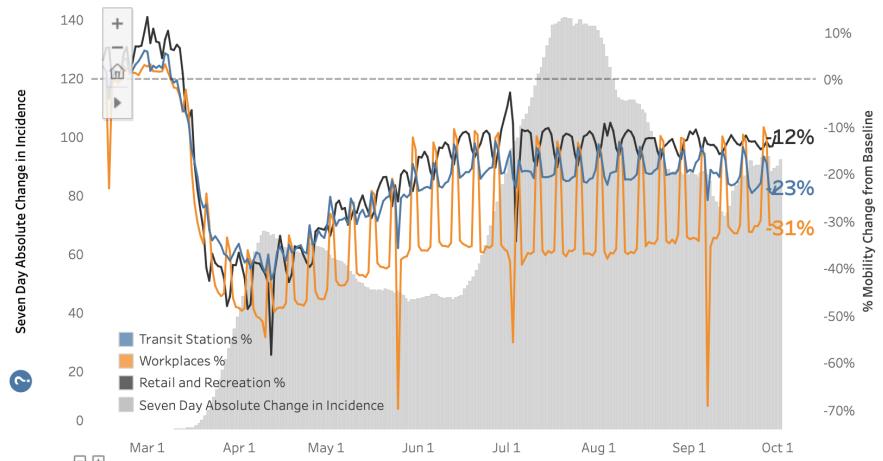
- Really affected the world.

United States

## EXPLORE HUMAN MOBILITY AND COVID-19 TRANSMISSION IN YOUR LOCAL AREA

SELECT STATE: USA    SELECT COUNTY: (All)    SELECT URBAN/RURAL COUNTY CLASSIFICATION: (All)    SELECT METRIC OF INTEREST: Seven Day Absolute Change in Incidence

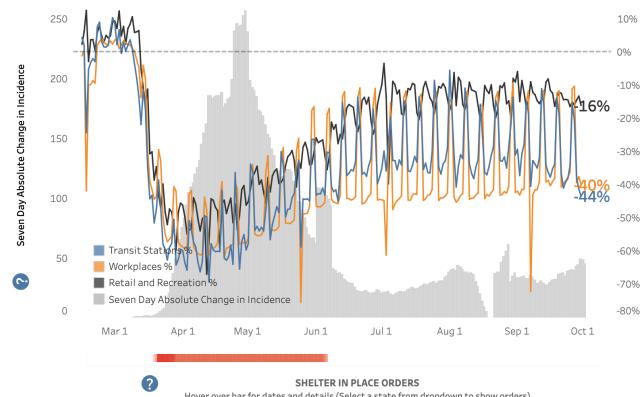
All, USA



## EXPLORE HUMAN MOBILITY AND COVID-19 TRANSMISSION IN YOUR LOCAL AREA

SELECT STATE: MA    SELECT COUNTY: (All)    SELECT URBAN/RURAL COUNTY CLASSIFICATION: (All)    SELECT METRIC OF INTEREST: Seven Day Absolute Change in Incidence

All, MA



Massachusetts

The Human Mobility and COVID-19 Transmission Dashboard was created in partnership with the Georgia Tech Research Institute. References to the Georgia Tech Research Institute do not imply endorsement or government sanction by the U.S. Centers for Disease Control and Prevention.



# THE ASSEMBLY LINE PROJECT



Legal Innovation & Technology Lab  
@ SUFFOLK LAW SCHOOL

<https://suffolklltlab.org/doc-assembly-line/>



Mass A2J

Massachusetts Access to Justice Commission

<http://www.massa2j.org/a2j/>

- Creating accessible versions of online court forms and pro se materials.
- The forms and materials are available in multiple languages.
- Focusing on addressing key areas of urgent legal need during the COVID-19 crisis.
  - *This project will be open to the public and help them fill out forms.*

# CURRENTLY

- <https://www.mass.gov/>
- <https://www.masslegalhelp.org/>
- <https://www.masslegalservices.org/>
- <https://www.lexisnexis.com/>
- <https://www.google.com/>
- -
- -
- -

ANY QUESTIONS?

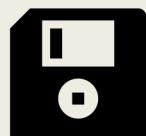
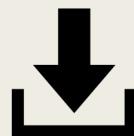


# WHAT WE PLAN TO DO

- How it is now



The Assembly Line Project wants to simplify this whole process.



**MassAccess**

- Provides forms for MA court filings



Housing



Domestic Violence



Guardianship



Family Law



Employment /  
Unemployment



Consumer & Debt



Health and Mental  
Health



Income and  
Benefits



Immigration



Education



Safety of Others



Other

# TRELLO

The screenshot shows the Trello interface for the 'MassAccess' board. At the top, there's a blue header bar with the Trello logo. Below it, the board title 'MassAccess' is displayed with a 'Public' status badge. A 'Edit Team Profile' button is also present. The navigation bar includes 'Boards', 'Members', 'Settings', and 'Business Class'. The main area shows three boards: '1. Mass Access - Pre-processing' (black background), '2. Mass Access - Development' (image of a volcano), and '3. Mass Access - Testing' (image of a sunset). Each board has its own title and a small preview image.

<https://trello.com/massaccess>

The screenshot shows a Slack channel named 'A2J Tech & Design Collaborative'. The channel name is at the top, followed by a dropdown arrow and an edit icon. Below the channel name, there's a link to the channel's page: <https://slack.com/>.

<https://slack.com/>

The screenshot shows a Slack channel named 'docassemble'. The channel name is at the top, followed by a dropdown arrow and an edit icon. Below the channel name, there's a link to the channel's page: <https://slack.com/>.

<https://slack.com/>

- Trello, a collaborative platform, to work on the forms.
- Trello → step-by-step checklist to generate a form.
  - + helpful tips and links.

- A2J Assembly Line and Docassemble slack channels → ask questions + get help.

# MY GROUP GOALS

## BHA Release Form - ENGLISH

 BOSTON HOUSING AUTHORITY  
Occupancy Department  
52 Chauncy Street, 3rd Floor  
Boston, Massachusetts 02111

Phone: 617-988-3400  
Fax: 617-988-4214  
TDD: 800-545-1833 x420  
[www.BostonHousing.org](http://www.BostonHousing.org)

**AUTHORIZATION OF RELEASE  
AUTHORIZATION TO INSPECT AND/OR COPY RECORDS**

CLIENT CONTROL # \_\_\_\_\_  
LOCATION CODE: (Office Use Only) \_\_\_\_\_

I, \_\_\_\_\_ (The Applicant)  
of (Address) \_\_\_\_\_

having Social Security No. \_\_\_\_\_ hereby authorize  
\_\_\_\_\_  
(Please Print)  
(\_\_\_\_\_) (Day Time Phone Number) (agency/relationship)

to inspect and/or copy all records maintained by the Boston Housing Authority Occupancy Department as part of my applicant file. I understand that a photocopy of this authorization is as valid as the original.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

For purposes of discussing my eligibility for public housing **only**, I further authorize \_\_\_\_\_ to inspect **(Not Copy)** any CORI information about me held by the Boston Housing Authority.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE**

Occ. Dept. – Rev. 2013 – Word/authorize to Release

## General Release Form - ENGLISH

**ATTORNEY AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize  
(Organization) \_\_\_\_\_, (Address) \_\_\_\_\_, (City) \_\_\_\_\_, Massachusetts, and/or any attorneys, legal assistants, and law students designated by said attorney as appropriate, to act as my legal counsel. I authorize them to secure any information or documents that may be contained in any file, private or public, pertaining to my dispute with \_\_\_\_\_. This authorization is valid for one year from the date of this document.

Client Signature \_\_\_\_\_  
Client Printed Name \_\_\_\_\_  
Date \_\_\_\_\_

Witness Signature \_\_\_\_\_  
Witness Printed Name \_\_\_\_\_  
Date \_\_\_\_\_

## General Release Form - SPANISH

**AUTORIZACIÓN DE ABOGADO/A**

Yo, \_\_\_\_\_, por la presente, le autorizo a \_\_\_\_\_, (dirección) \_\_\_\_\_, (ciudad), Massachusetts, y/o cualquier abogado o abogados, asistentes legales, y estudiantes legales designados como apropiado por el abogado/la abogada, para actuar como mi abogado/a. Yo les autorizo a obtener cualquier información o documentos contenidos en cualquier archivo, privado o público, que está relacionado con mi disputa con \_\_\_\_\_. Esta autorización será válida para un año de la fecha de este documento.

Firma del Cliente \_\_\_\_\_  
Nombre del Cliente \_\_\_\_\_  
Fecha \_\_\_\_\_

Firma del Testigo \_\_\_\_\_  
Nombre del Testigo \_\_\_\_\_  
Fecha \_\_\_\_\_

**ATTORNEY AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_, Boston, Massachusetts, and/or any attorneys, legal assistants, and law students designated by said attorney as appropriate, to act as my legal counsel. I authorize them to secure any information or documents that may be contained in any file, private or public, pertaining to my dispute with \_\_\_\_\_. This authorization is valid for one year from the date of this document.

